

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42074

JAN 7 1941 398
Registration District No.

Primary Registration District No. 55-54 3019

Registrar's No. 338

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sugar Creek Independence
(c) Name of hospital or institution: Independence Sanitarium
(d) Length of stay: In hospital or institution 28 Yrs.
In this community years, months or days

3. (a) PRINT FULL NAME Charles L. Chadwick
3. (b) If veteran, No
3. (c) Social Security No. 486-03-0782

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose V. Chadwick
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 18 1883
(Month) (Day) (Year)

8. AGE: Years 58
Months 6
Days 1
If less than one day hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Press Cleaner (Tar Filtration)

11. Industry or business Standard Oil Refinery

12. Name William S. Chadwick

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Inez Goodwin
(City, town, or county) (State or foreign country)

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Rose V. Chadwick
(b) Address Sugar Creek Mo.

17. (a) Burial (b) Date thereof Dec 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) Dec 22 1941 (b) H. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek Missouri
(d) Street No. 125 South High
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19
year 1941 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 14
that I last saw him alive on Dec 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Gastric hemorrhage
Due to Gastric ulcer
Duration 7 days
5 years

Under conditions Chronic valvular endocarditis - 20 years
(Include pregnancy within 3 months of death)
Cardiac decompensation

Major findings:
Of operations

Of autopsy 117a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Fred W. Smith (M. D. or other)
Address Fairmont, Mo. Date signed 12/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. F.W. Wink

10235 Indep.

Indep 1445

JAN 11 1955

JAN 13 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Theron D. Redman

Licensed Embalmer No. *2737*

P. O. Address *H. P. me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.